



February 5, 2015

Project No: **MDAD 718 Work Order Service Contract for Glazing Maintenance, Repairs and/or Replacement**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/Cons) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **12:30 PM, FRIDAY, FEBRUARY 6, 2015 (DUE TO THE NATURE OF THE PROJECT).** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160** or **via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: Tyrone White

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **Work Order Service Contract for Glazing Maintenance, Repairs and/or Replacement**

PROJECT NUMBER: **MDAD 718**

Estimated Contract Amount: **\$2,000,000.00**

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Work Order Service Contract for Glazing Maintenance, Repairs and/or Replacement

PROJECT NUMBERS: MDAD 718

ESTIMATED CONTRACT AMOUNT: \$2,000,000.00

PROJECT DESCRIPTION:

Scope of work entails miscellaneous sealing, tinting, repair and/or replacement of damaged glazing structures throughout the facilities operated by the **Miami Dade Aviation Department**.

Licensing Requirement:

Contractor must have a Glazing Contractor License.

_____ **Yes, I have a glazing Contractor License (please attach a copy)**

_____ **No, I do not have a glazing Contractor License**

Insurance Requirement:

Contractor must be able to bond and/or acquire \$5,000,000.00 of insurance.

_____ **Yes, I can bond and/or acquire \$5,000,000.00 of insurance**

_____ **No, I cannot bond and/or acquire \$5,000,000.00 of insurance**

Availability Requirement:

Renovation work is expected to extend for multiple years. It will be critical to minimize delays in bidding and award of this contract to insure a glazing contractor is on call to address all glazing needs seamlessly once renovations are initiated. The renovations are expected to begin in the next 2-3 months.

_____ **Yes, I am available on call and I can begin the work in the next 2-3 months**

_____ **No, I am not available on call and I can begin the work in the next 2-3 months**

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the licensing, insurance & availability requirements as indicated in the contract and can perform the work as required.

_____ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____

PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Work:

REASONS & COMMENTS
